# STATE OF NEW HAMPSHIRE
## PERSONNEL ACTION FORM
### (PAF)

AGENCY NAME:

EMPLOYEE ID: ⬚⬚⬚ — ⬚⬚ — ⬚⬚⬚⬚  APPT ID: ⬚

NAME (FIRST, MIDDLE, LAST):

| **Screen:** **ESMT** | **TR#** ⬚⬚⬚⬚⬚⬚⬚⬚⬚⬚ | EEO F/T FLAG: ⬚ |

PERS ACTION/RSN: ⬚⬚⬚⬚ ⬚⬚   EFFECTIVE DATE: ⬚⬚ ⬚⬚ ⬚⬚

EMPLOYMENT STAT: ⬚   PROB START DATE: ⬚⬚ ⬚⬚ ⬚⬚   PROB END DATE: ⬚⬚ ⬚⬚ ⬚⬚

CIVIL SVC STATUS: ⬚⬚   PERM/TEMP: ⬚   TIME CLASS CD: ⬚⬚⬚

PAYROLL NUMBER: ⬚⬚⬚   PAY CLASS CODE: ⬚⬚⬚   FICA CLASS: ⬚

TITL/STTL CODE: ⬚⬚⬚⬚⬚   OVRD GRADE: ⬚⬚   STEP/DIFF: ⬚⬚⬚

TITL NAME:   TITL PAY POLICY: ⬚⬚⬚

TITL GRADE: ⬚⬚   TABLE DRIVEN RATE:   POSITION NO: ⬚⬚⬚

PAY PROG ST DATE: ⬚⬚ ⬚⬚ ⬚⬚   LV PROG ST DATE: ⬚⬚ ⬚⬚ ⬚⬚   BN PROG ST DATE: ⬚⬚ ⬚⬚ ⬚⬚

SENIORITY DATE: ⬚⬚ ⬚⬚ ⬚⬚   INCREMENT DATE: ⬚⬚ ⬚⬚ ⬚⬚   TERM END DATE: ⬚⬚ ⬚⬚ ⬚⬚

OVRD PPA: ⬚⬚⬚   OVRD LPA: ⬚⬚⬚   OVRD BPA: ⬚⬚⬚

SECURITY AGENCY/GROUP: ⬚⬚⬚⬚   % FULL-TIME: ⬚⬚⬚

TABLE PAY: ⬚   TITLE OVRD: ⬚

| PAY TYPE | RATE CD | AMOUNT OR PERCENT | EFF DATE | EXP DATE |
|---|---|---|---|---|
| 01– ⬚⬚⬚⬚ | ⬚ | ⬚⬚⬚⬚⬚⬚⬚ | ⬚⬚ / ⬚⬚ / ⬚⬚ | ⬚⬚ / ⬚⬚ / ⬚⬚ |
| 02– ⬚⬚⬚⬚ | ⬚ | ⬚⬚⬚⬚⬚⬚⬚ | ⬚⬚ / ⬚⬚ / ⬚⬚ | ⬚⬚ / ⬚⬚ / ⬚⬚ |

COMMENTS:

Agency Approval 1: _____ Date: _____ Central Approval: _____

Agency Approval 2: _____ Date: _____ Date: _____

**WHITE: CENTRAL APPROVING AGENCY**    **YELLOW: AGENCY**

# STATE OF NEW HAMPSHIRE
## PERSONNEL ACTION FORM
### (PAF)

AGENCY NAME:

EMPLOYEE ID: ☐☐☐ — ☐☐ — ☐☐☐☐

APPT ID: ☐

NAME (FIRST, MIDDLE, LAST):

| **Screen:** **ESMT** | **TR#** ☐☐☐☐☐☐☐☐☐☐ | EEO F/T FLAG: ☐ |
|---|---|---|

PERS ACTION/RSN: ☐☐☐☐☐ ☐☐☐

EFFECTIVE DATE: ☐☐ ☐☐ ☐☐

EMPLOYMENT STAT: ☐

PROB START DATE: ☐☐ ☐☐ ☐☐

PROB END DATE: ☐☐ ☐☐ ☐☐

CIVIL SVC STATUS: ☐☐☐

PERM/TEMP: ☐

TIME CLASS CD: ☐☐☐

PAYROLL NUMBER: ☐☐☐☐

PAY CLASS CODE: ☐☐☐

FICA CLASS: ☐

TITL/STTL CODE: ☐☐☐☐☐☐

OVRD GRADE: ☐☐

STEP/DIFF: ☐☐☐☐

TITL NAME:

TITL PAY POLICY: ☐☐☐

TITL GRADE: ☐☐

TABLE DRIVEN RATE:

POSITION NO: ☐☐☐☐☐

PAY PROG ST DATE: ☐☐ ☐☐ ☐☐

LV PROG ST DATE: ☐☐ ☐☐ ☐☐

BN PROG ST DATE: ☐☐ ☐☐ ☐☐

SENIORITY DATE: ☐☐ ☐☐ ☐☐

INCREMENT DATE: ☐☐ ☐☐ ☐☐

TERM END DATE: ☐☐ ☐☐ ☐☐

OVRD PPA: ☐☐☐☐

OVRD LPA: ☐☐☐☐

OVRD BPA: ☐☐☐☐

SECURITY AGENCY/GROUP: ☐☐☐ ☐☐☐

% FULL-TIME: ☐☐☐

TABLE PAY: ☐

TITLE OVRD: ☐

| | PAY TYPE | RATE CD | AMOUNT OR PERCENT | EFF DATE | EXP DATE |
|---|---|---|---|---|---|
| 01– | ☐☐☐☐ | ☐ | ☐☐☐☐☐☐☐ | ☐☐ / ☐☐ / ☐☐ | ☐☐ / ☐☐ / ☐☐ |
| 02– | ☐☐☐☐ | ☐ | ☐☐☐☐☐☐☐ | ☐☐ / ☐☐ / ☐☐ | ☐☐ / ☐☐ / ☐☐ |

COMMENTS:

Agency
Approval 1: _____ Date: _____

Central
Approval: _____

Agency
Approval 2: _____ Date: _____

Date: _____